

## AccelerateU Online Course Registration, 2013-2014

**Please complete one form for each student enrollment- All information is required as per State Education Data Collection Requirements**

Student Name: <b>(First, Last, MI)</b>	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity: _____ Date of Birth: _____
2013-14 Grade Level: _____	Student has IEP / 504: <input type="checkbox"/> No <input type="checkbox"/> Yes <b>(if yes, copy required)</b>
Date Student Entered 9 <sup>th</sup> Grade <i>(Mo/Date/Year)</i> : _____	
Anticipated Graduation Date <i>(Mo/Date/Year)</i> : _____	
Name of Mother/Guardian: _____	Name of Father/Guardian: _____
Home Phone: _____	Student's Cell Number: _____
Home Mailing Address: _____	
Student Email Address: _____	
Parent/Guardian Email Address: _____	
<b>Course Title:</b> _____	
<b>Reason(s) for taking the course:</b> <input type="checkbox"/> Graduation Requirement <input type="checkbox"/> Lack of Teacher <input type="checkbox"/> Course not offered <input type="checkbox"/> Schedule Conflict <input type="checkbox"/> Acceleration <input type="checkbox"/> Credit Recovery <input type="checkbox"/> Other _____	
<b>Requested End Date:</b> <input type="checkbox"/> January 27, 2014 <input type="checkbox"/> June 13, 2014 <input type="checkbox"/> August 15, 2104 <input type="checkbox"/> Rolling Enrollment (20 weeks from start) <input type="checkbox"/> Other: _____	
Notes: _____	
District: _____	
District Administrator Signature: _____	
School Address: _____	
School City: _____	NY ZIP: _____
Advisor Name/ Position: _____	
Advisor's Phone Number: _____	Best time to call: _____
Advisor's Email Address: _____	Fax: _____
Technology Contact: _____	
Technology Person's Email: _____	